

WHAT IS POSITIVE PREVENTION?

The Need for New Terminology

The traditional nomenclature for prevention (primary, secondary and tertiary) becomes less clear when viewed from the perspective of HIV+ people. Sometimes the term 'secondary prevention' is used to mean (at least in part) early testing and identification of those infected in order to prevent onward spread of disease by those who may be unaware of their infection. Elsewhere, 'secondary prevention' appears to mean providing appropriate supports to HIV+ people to assist them in developing and maintaining a repertoire of risk reduction behaviours. These are two quite different meanings of 'secondary prevention'. To avoid this confusion, many prevention workers in the United Kingdom are starting to abandon the traditional primary/secondary/tertiary classification in favour of the term 'positive prevention'.

In some places where initiatives are being designed in an attempt to engage HIV+ people in prevention efforts, the term 'prevention for positives' has emerged. At BCPWA, our Prevention Sub-Committee has rejected this term because it does not acknowledge the critical contribution of HIV+ people in this type of prevention effort. The term 'prevention for positives' implies something that is *done to* or *imposed on* HIV+ people. Because positive prevention is a new concept, there is little theory to serve as a foundation for designing interventions, and the participation of HIV+ people in the development and delivery of such initiatives will be imperative. Given these facts, the term 'positive prevention' is preferred, because it conveys a sense of ownership and direction by people living with HIV.

Historical Background

Over the first 20 years of the HIV epidemic, prevention efforts were directed, almost without exception, towards education of HIV-negative people about risk behaviours, and the issues faced by HIV+ people in maintaining safer behaviours were rarely, if ever, considered. This significant gap in prevention theory and programming appears to have arisen, at least in part, out of concern about further increasing the stigmatization of people with HIV disease. In addition, in the earlier days of the epidemic, a diagnosis of HIV infection appeared to imply a "death sentence", and so it was hard to imagine that HIV+ people would continue to engage in sexual behaviours or other behaviours that might place others at risk.

As HIV+ people live longer and healthier lives, and given that there are now more HIV+ people alive than ever before, it is now evident that slowing the epidemic requires attention to the issues and concerns of HIV+ people.

'Positive Prevention' and the Continuum of Care, Treatment and Support

Research on the prevention issues faced by people living with HIV is starting to emerge, particularly in the United Kingdom, the Netherlands and Australia. Much of this research is framed within a health promotion framework (see, for example, Schiltz and Sandfort, 2000; Summerside and Davis, 2001). This research is starting to demonstrate that risky behaviours are often related to complex psychosocial issues, such as depression and denial, rejection and isolation, grief and loss. In the United States, some programmatic interventions are emerging, but in general the American work in positive prevention is not grounded in a health promotion framework, and therefore lacks a theoretical approach which would make possible a systematic analysis of the issues faced by HIV+ people.

During the first 20 years of the epidemic, community organizations designed and developed a range of programs to support HIV+ people in dealing with the complex psychosocial issues they face in managing their disease. It seems probable that many of the issues that have been dealt with through these support programs are the same issues that need to be addressed to assist HIV+ people in developing and maintaining safer behaviours. While some of these issues have been addressed at the individual in the context of support for HIV+ people, they have not yet been linked in a systematic way to prevention. Positive prevention recognizes that support and prevention are not two distinct entities, but that from the point of view of HIV+ positive people, are part of a continuum.

Similarly, there is a linkage between treatment and prevention. HIV+ individuals who are taking antiretroviral treatment and effectively managing their HIV infections are less infectious and therefore less likely to transmit the virus. In this way, services that assist individuals in the management of their treatment, and the physical and psychosocial issues that arise from effective treatment, also contribute to HIV prevention.

Positive prevention also includes features traditionally considered as tertiary prevention, that is, efforts at maintaining the health of HIV+ people at the highest possible levels. This includes, for example, activities that promote access to adequate nutrition and housing, prevention of acute illnesses that arise more-or-less directly from HIV infection (such as PCP), and prevention of illness that also affect the general population but which may be more serious in immune-compromised individuals (such as Norwalk virus or SARS).

Positive prevention seeks to maximize the physical, mental and sexual health of HIV+ individuals, providing them with the necessary foundation for maintaining safer behaviours and maximizing their quality of life. Positive prevention highlights the fact that, from the perspective of HIV+ people, prevention, care, treatment and support are part of a continuum.

Primary prevention efforts directed at the general population will still be required to stem the epidemic of HIV. Positive prevention is meant to complement other prevention initiatives, not to replace them. However, 20 years into the epidemic, it has finally become apparent that successful prevention must also consider the care, treatment and support issues faced by HIV+ people.

References

Schiltz, MA, and Sandfort, ThGM. (2000). HIV -positive people, risk and sexual behaviour. Social Science and Medicine, 50, 1571 – 1588.

Summerside, J and Davis, M. (2001). HIV prevention and sexual health promotion for people with HIV. London, UK: National HIV Prevention Information Service, Professional Briefing 4.